

From:

To: 2024429430

11/13/2008 04:03

#957 P. 002/009

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/16/2008
NAME OF PROVIDER OR SUPPLIER  CMS			STREET ADDRESS, CITY, STATE, ZIP CODE 703 RANDOLPH STREET NW WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	<p><b>INITIAL COMMENTS</b></p> <p>On September 16, 2008 at approximately 5:00 PM the State Agency (SA) was notified via facsimile of an Unusual Incident Report (UIR) from the facility that revealed that Client #1 reported to Direct Care Aide #1 that she was struck in the face by Direct Care Staff # 2.</p> <p>The SA conducted an on-site investigation on October 15-16, 2008, to verify compliance with the basic standards of practice and federal participation requirements in the Conditions of Governing Body and Client Protection. The investigation determined that Direct Care Staff # 2 was placed on administrative leave on September 16, 2008. The facility's internal investigation did not substantiate the allegation of abuse and Direct Care Aide # 2 was returned to duty on October 7, 2008. It should be noted however, that Direct Care Aide # 2 was scheduled to work at another ICF/MR facility operated by the provider.</p> <p>The results of the investigation were based on interviews with Client #1, Direct Care Aides, nursing and administrative staff. Additionally, the findings were based on the review of the client's medical record and the facility's administrative records, including incident reports.</p> <p>A monitoring survey was also conducted on October 15-16, 2008, to determine the facility's continued compliance with the deficiencies cited during the recertification survey on March 6, 2008. The findings of the survey were based on interview and record review, including incident reports. At the time of this monitoring visit standard level deficiencies were cited.</p>	W 000	<p><i>Received 11/13/08</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>		
W 156	483.420(d)(4) STAFF TREATMENT OF	W 156			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Constance A. Reese Program Director*

*11/12/08*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

From:

To: 2024429430

11/13/2008 04:04

#957 P. 003/009

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

REVISION: 11/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/16/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>C M S</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>703 RANDOLPH STREET NW WASHINGTON, DC 20011</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 156	Continued From page 1 <b>CLIENTS</b>  The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report the results of all investigations to the administrator or designated representative or to other officials in accordance with State Law within five working days of the incident.  The finding includes:  Review of the internal investigative report on October 16, 2008, at approximately 2:35 PM revealed that Client #1 stated that the incident occurred on September 15, 2008; however Client #1 did not report the incident to Direct Care Aide #1 until September 16, 2008. The internal investigation was completed on September 23, 2008. There was no evidence the result of the investigation was reported to the administrator within five working days of the incident.	W 156			
W 193	<b>483.430(e)(3) STAFF TRAINING PROGRAM</b>  Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.  This STANDARD is not met as evidenced by: Based on staff interviews and record verification, the facility staff failed to demonstrate competency in implementation the Behavior Support Plan (BSP) for one of one client being investigated.	W 193	In the future, all results of the investigation will be reported to the administrator within 5 working days. QMRP and Residential Manager will submit required documents including statements from staff, individuals involved, and the results of the investigation within 5 working days.	11/7/08	

From:

To: 2024429430

11/13/2008 04:04

#957 P. 004/009

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/16/2008
-----------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------	-------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

CMS

STREET ADDRESS, CITY, STATE, ZIP CODE

703 RANDOLPH STREET NW  
WASHINGTON, DC 20011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 193	<p>Continued From page 2 (Client #1)</p> <p>The finding includes:</p> <p>Review of the facility's unusual incident reports on October 15, 2008 at approximately 9:00 AM revealed a report dated September 16, 2008. The report revealed that Client #1 reported to Direct Care Aide (DCA) #1 that she was struck in the face by Direct Care Aide #2.</p> <p>Interview with DCA #1 on October 15, 2008 at approximately 3:00 PM revealed that on September 15, 2008 at approximately 8:00 PM, she overheard a loud verbal altercation coming from the second floor bathroom. Further interview revealed that when DCA #1 opened the bathroom door, she observed that Client #1 was screaming and that DCA #2 was covering Client #1's mouth with a washcloth in an attempt to stop Client #1 from screaming.</p> <p>Interview with DCA #2 on October 15, 2008 at approximately 7:20 PM revealed that on September 15, 2008 at approximately 8:00 PM, DCA #2 was assisting Client #1 to take a shower when Client #1 began to scream continuously and shout at DCA #2 "I don't like you; do I have to take a shower?" Further interview revealed that DCA #2 was unable to stop Client #1 from screaming. In addition, when DCA #1 opened the bathroom door DCA #2 stated that she was using a washcloth to cleanse Client #1's face.</p> <p>Review of Client #1's Behavioral Support Plan (BSP) dated January 21, 2008 on October 16, 2008 at approximately 2:00 PM revealed targeted behaviors that included physical aggression, accusing, non-compliance, feces related</p>	W 193		

From:

To: 2024429430

11/13/2008 04:04

#957 P.005/009

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/03/2008  
FORM APPROVED  
OMB NO. 0938-0391STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

09G024

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

10/16/2008

NAME OF PROVIDER OR SUPPLIER

CMS

STREET ADDRESS, CITY, STATE, ZIP CODE

703 RANDOLPH STREET NW  
WASHINGTON, DC 20011(X4) ID  
PREFIX  
TAGSUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)ID  
PREFIX  
TAGPROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)(X5)  
COMPLETION  
DATE

W 193

Continued From page 3

behaviors, self-injurious behaviors and stealing/hoarding. Further review revealed that interventions for the first sign of agitation included "re-directing the client to something specific, such as to stand calmly with her hands at her sides, or to sit in a specific chair, or to take ten deep breaths." There was no evidence that on September 15, 2008, the facility staff demonstrated competency in the implementation of the client's BSP.

W 193

All staff were trained by the facilities Behavioral Specialist on Individual #1's Behavior Support Plan. The QMRP and Residential Manager will monitor implementation of Individual #1's Behavior Support Plan.

11/7/08

From:

To: 2024429430

11/13/2008 04:05

#957 P. 006/009

PRINTED: 11/03/2008  
FORM APPROVED

## Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/16/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CMS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>703 RANDOLPH STREET NW WASHINGTON, DC 20011</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	<p><b>INITIAL COMMENTS</b></p> <p>On September 16, 2008 at approximately 5:00 PM the State Agency (SA) was notified via facsimile of an Unusual Incident Report (UIR) from the facility that revealed that Resident #1 reported to Direct Care Aide #1 that she was struck in the face by Direct Care Staff # 2.</p> <p>The SA conducted an on-site investigation on October 15-16, 2008, to verify compliance with the basic standards of practice and federal participation requirements in the Conditions of Governing Body and Resident Protection. The investigation determined that Direct Care Staff # 2 was placed on administrative leave on September 16, 2008. The facility's internal investigation did not substantiate the allegation of abuse and Direct Care Aide # 2 was returned to duty on October 7, 2008. It should be noted however, that Direct Care Aide # 2 was scheduled to work at another ICF/MR facility operated by the provider.</p> <p>The results of the investigation were based on interviews with Resident #1, Direct Care Aides, nursing and administrative staff. Additionally, the findings were based on the review of the client's medical record and the facility's administrative records; including incident reports.</p> <p>A monitoring survey was also conducted on October 15-16, 2008, to determine the facility's continued compliance with the deficiencies cited during the recertification survey on March 6, 2008. The findings of the survey were based on interview and record review, including incident reports. At the time of this monitoring visit standard level deficiencies were cited.</p>	I 000		

Health Regulation Administration

*Constantine A. Reese*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Program Director*  
IXUU11

(X6) DATE

*11/12/08*  
If continuation sheet 1 of 4

STATE FORM

6859



From:

To: 2024429430

11/13/2008 04:05

#957 P. 008/009

PRINTED: 11/03/2008  
FORM APPROVED

## Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/16/2008
NAME OF PROVIDER OR SUPPLIER  C M S		STREET ADDRESS, CITY, STATE, ZIP CODE 703 RANDOLPH STREET NW WASHINGTON, DC 20011			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
I 422	Continued From page 2	I 422			
I 422	<p>3521.3 HABILITATION AND TRAINING</p> <p>Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on staff interviews and record verification, the facility staff failed to demonstrate competency in implementation the Behavior Support Plan (BSP) for one of one Resident being investigated. (Resident #1)</p> <p>The finding includes:</p> <p>Review of the facility's unusual incident reports on October 15, 2008 at approximately 9:00 AM revealed a report dated September 16, 2008. The report revealed that Resident #1 reported to Direct Care Aide (DCA) #1 that she was struck in the face by Direct Care Aide #2.</p> <p>Interview with DCA #1 on October 15, 2008 at approximately 3:00 PM revealed that on September 15, 2008 at approximately 8:00 PM, she overheard a loud verbal altercation coming from the second floor bathroom. Further interview revealed that when DCA #1 opened the bathroom door, she observed that Resident #1 was screaming and that DCA #2 was covering Resident #1's mouth with a washcloth in an attempt to stop Resident #1 from screaming.</p> <p>Interview with DCA #2 on October 15, 2008 at approximately 7:20 PM revealed that on September 15, 2008 at approximately 8:00 PM, DCA #2 was assisting Resident #1 to take a shower when Resident #1 began to scream continuously and shout at DCA #2 "I don't like you; do I have to take a shower?" Further</p>	I 422	Cross reference W193	11/7/08	

Health Regulation Administration  
STATE FORM

5555

IXUU11

If continuation sheet 3 of 4

From:

To: 2024429430

11/13/2008 04:06

#957 P. 009/009

## Health Regulation Administration

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/16/2008
NAME OF PROVIDER OR SUPPLIER  C M S			STREET ADDRESS, CITY, STATE, ZIP CODE 703 RANDOLPH STREET NW WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
I 422	Continued From page 3  interview revealed that DCA #2 was unable to stop Resident #1 from screaming. In addition, when DCA #1 opened the bathroom door DCA #2 stated that she was using a washcloth to cleanse Resident #1's face.  Review of Resident #1's Behavioral Support Plan (BSP) dated January 21, 2008 on October 16, 2008 at approximately 2:00 PM revealed targeted behaviors that included physical aggression, accusing, non-compliance, feces related behaviors, self-injurious behaviors and stealing/hoarding. Further review revealed that interventions for the first sign of agitation included "re-directing the Resident to something specific, such as to stand calmly with her hands at her sides, or to sit in a specific chair, or to take ten deep breaths." There was no evidence that on September 15, 2008, the facility staff demonstrated competency in the implementation of the client's BSP.	I 422			